

Regional Interagency Coordinating Committee
Minutes from 04-11-07

1. Welcome/Introductions

Present: Sandra McMerty; Connie Schwartz; Anna Bergman; Roxane Romanick; Jody Bettger-Huber; Shonda Wild; Tina McDonald; Carlotta McCleary; Carol Olson; Cherie Mortenson; Deb Tibor; Lorri Sandal; Kirsten McIntyre; Wendy Graff; Vicki Peterson; Michelle Hougen

2. Minutes from 11-30-06

The Minutes from the November 30, 2006 meeting were reviewed. Motion to approve made by Kirsten McIntyre, seconded by Cherie Mortenson - MOTION PASSED.

3. Member Updates

- Sandy shared the Down Syndrome News to the committee which included an article by Roxane. Sandy thanked Roxane from the RICC for the tasks she has done with the legislature.
- Connie - the Bismarck/Mandan Breastfeeding Partnership has created a website - www.gotmomma.com
- Jody - Right Track is allowed to do an average of 162 visits/month. They are a little behind on that. They have used 48% of their funds. They will pull another consultant to help make up visits. Referrals have been less. In response to a question, Jody noted that it appears that there are less Part C dollars available in 2007 than 2005 or 2006.
- Shonda - the Early Care Summit was on the March 27th and 28th. It focused on the connection between early childhood and economic development. They had a wonderful turnout. About 35 legislators attended as well as a number of state officials. The Week of National Childcare Providers is May 6-12. The Week of the Young Child is April 15-21. (NOTE correction: April 23 - 27). Shonda informed the committee that NDEAYC has put their packet on their website www.ndeayc.com. North Dakota Education Association of Young Children (NDEAYC) Conference is September 28-29 in Minot. This is for anybody who wants to learn more about early childhood.
- Carlotta - Children's Mental Health Awareness Week is May 6th-12th. They are really trying to promote the early childhood mental health piece this year. There will be lists of books to read and they will have large green ribbons. One in 10 children has a mental health disorder. They are not being identified until middle school age. The sooner they have access to treatment, the less severity it will become. If anybody has any ideas or wants more information please let them know. Roxane asked if they will e-mail packets. Carlotta will e-mail the information to Lelord. Roxane noted that Early Intervention staff had just seen a power point presentation on early childhood challenging behavior and there was a reference to early literacy resources relating to mental health. Wendy will e-mail book note list to Lelord to e-mail to members.
- Carol - April is Occupational Therapy month.

- Deb - they have an internal file review monitoring going on right now. Nancy Skorheim will be speaking to Morton - Sioux early childhood special education staff about outcomes.
- Kirsten - the Great American Bike Race is this weekend. There are 89 teams registered. It will be held at BSC from 9:00-2:00. It will broadcast live on KFVR.
- Vicki - it's National Autism Awareness Month. Posters will be distributed around town. One in 150 children are diagnosed with autism spectrum disorder and one in 94 boys. This year the big focus for public service announcement is early intervention. She was happy to have been on a national conference call with Senator Conrad. She was able to plug in the infant development program in ND besides autism awareness. Hillary Clinton introduced the Expanding Promise for Persons with Autism Act for 2007. \$350 million dollar increase focuses primarily on adults with autism and also centers of excellence. They are hoping to get local media coverage for local awareness. TJ Maxx sponsors autism awareness, so does Toys R Us and various cinemas. Wendy informed the group that there was approval to hire a teacher certified in autism through the Bismarck Public Schools Autism Walk organizational meeting will be April 19th at 6 p.m.
- Roxane - Robin McWilliam, professor from Vanderbilt, will do additional training on how to integrate early intervention services with natural learning opportunities. Dr. McWilliam presented information at a two-day training at the end of February. We would like to open an evening session to the public on Oct. 2nd while he is here this fall.

4. Legislative Updates

Roxane - Following the last RICC meeting, a small group of families met and prioritized three things: (1) increase to infant development dollars (2) increase to respite care dollars and (3) increase to reimbursement rate to diaper products for children. They met with Senator Mathern and he made a call that day and asked the department to give him a budget estimate to increase infant development and family support by 10%. These increases were to be included as amendments to Senate Bill 2012. The budget line item for infant development itself looked like there was a \$6 million growth built in to that until it was discovered that the budgets for four programs were moved from the human service center budgets. None of the amendments made it to Senate's final draft. Sen. Mathern attempted to get them introduced through contacts in the House but there was no bi-partisan support. They did not come through with any additional respite or infant development dollars; however, there is an amendment for an infant development study. Essentially the study is to look at equity and structure of infant development. In the process of all of this some good came out of it: we increased conversations between infant development directors. They are continuing to meet with the state office on fee structure. Also, provider pay was increased to 5%. The DD budget was cut \$10. Essentially they will pay people more but will have less services. BECEP's reimbursement rate is \$3 less than the next lowest provider which is Dickinson and we are \$11 less than the highest. They are attempting to raise the program to at least the average unit rate which we are \$4 below.

Senate bill 2326 was passed which is the Medicaid buy in bill. It allows families to buy in to Medicaid if the child is eligible. Medicaid buy in only gets family Medicaid as a secondary insurance. The waiver gets family Medicaid but it also has a package of services (access to respite, home modification dollars). The Families Medically Fragile Waiver has to meet nursing home level of care. Our state is one of the states that hasn't made a huge investment on early childhood.

Preschool funding was not passed and a bill to promote technical assistance and training for child care providers is still be worked on in the House.

5. BECEP/Standing Rock Program Updates

Wendy Graff reported that presently BECEP Early Intervention is in a state of crisis which they have been all year with staffing. Since staff was cut in the fall, numbers are still growing. They still have not been able to hire staff. They are hiring consultants but they don't have enough staff to support each other. There's going to be a struggle to get consultants support as well. Funding is affecting quantity and quality of services. We are a progressive program in providing service during non-traditional hours and with a strong consultative model, but we're doing it haphazardly because we don't have the staff.

Roxane said the state infant development directors are continuing to meet with the state office, they met this past Tuesday. There's fear that BPS will pull out as a provider. BPS administration has discussed what course to take if there is no unit rate increase. BECEP will a budget request in early May and will submit essentially what the RICC advised in November with the actual cost we feel is needed. Wendy said the staffing issue is affecting the compliance data that has to be submitted as well. They are not meeting the 45 day timeline.

Roxane - Standing Rock - they have between 7-10 kids on their caseload. Lorri said she has had a lot of referrals but they are not meeting the 45 day deadline.

Roxane passed around 2005-2006 data for our region that got reported to federal government on February 1st. She asked for feedback from the advisory group on the issue of documenting 45-day timeliness. If a delay is due to a family reason, it can be discounted when figuring the compliance data. There has been some talk about having parents sign a document stating that the completion went beyond the 45 day timeline because of something occurring in the family's life. How would we make it family friendly or could we?

- Sandy said families aren't aware that it needs to be completed in 45 days. They don't realize that there's a timeline and that education about this might be helpful. Lorri noted that case managers always try to tell them but as a parent they are getting hit with so much information at once, they are too overwhelmed.
- Roxane noted that this is a compliance standard and it has to be at 100%. In meeting compliance, we often sacrifice family-friendliness or meeting compliance.
- Wendy said the third quarter data does not look very good. It falls over Christmas and Thanksgiving.
- Carlotta said if it looks like you are blaming the family it will put the family off.

- At this time there is no practice or form to document "reason", but Carlotta noted that even the conversations about this issues can turn families off.
- Sandy noted that if there's a two week backlog then the system is already in error. Concerns noted about what happens then if EI gets started late, but then family is less than responsive - what if it's both reasons, who takes the blame?
- Jody added in Right Track they try to pursue their families 5-6 times. They have had parents call and say they're glad they kept calling. They need more than 2 opportunities to contact the family.
- **In Summary, the recommended suggestions were:**
 - we need to make sure we have communication with the families,
 - provide education that informs families that the 45 day timeline is for their protection,
 - let families know that in situations where they can't meet than can call and reschedule,
 - watch language in meetings,
 - and exert reasonable efforts in meeting and calling.

6. Review of 2006 Annual Performance Report

The RICC reviewed the Region VII 2006 Annual Performance Report as issued to the federal Office of Special Education on 2-1-07. The RICC report is attached to the minutes. The full state report can be viewed at www.ndearlyintervention.com.

- Indicator 1 - Percent of infants and toddlers with IFSPs who receive the early intervention services in a timely manner
 - Anna said different types of consultative services would block parent out of the team. Parent would want to ask speech therapist question face to face. Carol asked if they are documented differently on the IFSP. Wendy said the IFSP does not say anything specific about how the service is delivered.
 - It was questioned how the consultative conversations happen and then how they are documented. Kirsten noted that it was important to her for the therapists/consultative staff to see her child's home and know what's available. Wendy noted that it's also good for staff and that they learn more from other people when they go out together. Sandy said it would be infringing on parent rights if we keep sending the home visitor back saying they've "talked" to the therapist and the parent never sees the therapist.
- Indicator 2 - Percent of Infants and Toddlers with IFSPs who primarily receive early intervention services in homes or programs for typically developing children.
 - Roxane noted that historically North Dakota has always served children in outside of a clinic or center-based setting compared to other states who literally bused babies to center-based programs. This is not a compliance indicator which means it does not have to be 100%. Roxane pointed out that while our region's percentage is high, we will need to account for children who are in clinic-based services as well. If a child is going to a program for 4 hours a day, we would say they are getting a majority of their services served in a program

for non-typical development for children and not in a natural environment. We will have to record them different than we have been. Jody asked if that includes speech/OT in hospitals. Wendy said yes and there is supposed to be a justification on the IFSP why all services are not being provided in the natural environment and a plan for moving services into the natural environment. Presently the practice is that when a child reaches their Medicaid service cap, Medicaid will consult with DD to ask whether or not the outpatient service is justified on the IFSP. If it's not, then Medicaid will discontinue payment. There is some discussion that public funding should be used only for a service delivery model that includes the parent and takes natural learning opportunities into account as this is the method of delivery that is supported by research.

- Indicator 3 - Percent of infants and toddlers with IFSPs who demonstrate improved: positive social-emotional skill (including social relationships; acquisition and use of knowledge and skills (including early language/communication); and use of appropriate behaviors to meet their needs.
 - This data was only done on children that were coming in to the program so these are new referrals. The state is looking at data and using the data to determine if eligibility was accurate. Michelle said if we get a child who's eligible under informed critical opinion that skews the data.
- Indicator 4 - Percent of families participating in Part C who report that early intervention services have helped the family: know their rights; effectively communicate their child's needs; and help their child develop and learn.
 - This went out as state survey to all families. The return rate was around 30% which was considered adequate.
- Indicator 5 - Percent of infants and toddlers birth to 1 with IFSP.
 - This is our under 1 status. The percent has dropped slightly, but still meets the federal standard.
- Indicator 6 - Percent of infants and toddlers birth to 3.
 - Birth-3 has also dropped slightly, but still way above the 2%.
- Indicator 7 - Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP were conducted within Part C's 45 day timeline.
 - Roxane noted that this indicator takes into account whether or not the IFSP was it done in 45 days, was multidisciplinary, and were all developmental domains covered (hearing and cognition are the two areas most missed across the state). Wendy said hearing has always been a problem. Tami Iszler is the only person doing hearing screenings right now, and she cannot keep up with the number of screenings needed in Region VII and VIII.
- Indicator 8 - Percent of children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: IFSPs with transition steps

and services; notification to LEA, if child potentially eligible for Part B; and transition conference, if child potentially eligible for Part B.

- Transition - looks at IFSPs containing transition steps, notification to LEA (local educational agency) and if transition meeting occurred - this is a compliance indicator on all areas. All regional Early Intervention staff went through a training workshop in the fall (school district and Early Intervention) and there was a joint prior notice that came out of that. BECEP has a system where they are sending a notification letter to LEAs and receiving return receipt of notification.
- Indicator 9 - General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification
 - Case review tool is accessible online and it's user friendly. Every quarter the regions get a pool of IFSPs to monitor for compliance and quality components such as was prior notice sent, were parents told about their rights, do start and end dates make sense? The region must be in compliance for 70% of the items on the case review tool.

6. Regional Quality Improvement Data/Plan

Roxane will update the regional QIP. We will get a format from the state on how to keep or change whatever we want the improvement plan that we have. We'll have to move action steps to indicators. In May they're looking at doing a public report - something will go in the Tribune on reporting of this data. Wendy said Deb said they are in the process of determining what status to put programs at.

7. Update from Michelle Hougen, BECEP Program Coordinator

Michelle - met with Bob Brown (BPS accountant) and Mike Ahmann (Special Ed Director) on the budget for next year which is due May 1st. There is an ongoing controversy about BECEP's program size and the current rate structure. BECEP currently serves the most children in the state and has the lowest unit rate. The school district is now at a point of considering the possible options in asking the state to reconsider the unit rate or they will drop the program. If the school district decides to discontinue the fiscal contract with the state, there would be a major disruption in service for families and major compliance issues for this region.

Sandy asked the committee if they were comfortable to be called upon to support a position that would encourage the state to honor the rate increase, the committee agreed.

Discussion occurred regarding the timing of notification to families regarding the school board's decision. Roxane asked given what we know now, what information do we need to get to families? Concerns were noted about panicking families with information that may be premature. It was also noted however that families have a right to be informed early if there is an anticipated disruption in service.

Michelle reported that BECEP has looked at the number of additions and drops from July 1 through March and right now for the first time BECEP is graduating more children (by 1 child) per month than are being made eligible. With such a quick change in Right Track from July-January, our referrals are drastically lower than what they have been in previous years. Roxane said a year ago we had 47 referrals in the first quarter from Right Track. In this first quarter we had 19. Over the first quarter we had 83 total, this quarter this year - 53. We definitely see a difference. This is about two things: it's about the changes we had to make in Right Track because of funding and also the quality of service, how we're able to perform and do the things we need to do in Early Intervention.

In regards to parent information it was decided that the tri-chairs would meet, craft a letter that would then be emailed to the membership for approval.

Carlotta asked how soon will families lose services? Michelle said June 30th. Carlotta said with there being such a time crunch, families need time to plan and figure out what they're going to do, what notification would you get to families? Michelle said as soon as we know what unit rate the state will agree to.

Michelle reported that BECEP bills monthly for kids however we do not receive payment for a number of children due to lapsing Medicaid eligibility. Our current budget is about \$690,000 and to date we have more than \$200,000 dollars where we're behind on payment for. It's not just giving us enough money up front. The district needs to cover this amount and hope that the payment will come through in the end. Wendy said if families don't apply for MA, we don't get information right away so we provide services.

Carlotta asked the committee to consider a timeline, so that we can decide when notification for families is needed. Roxane said let's pretend it's June 30th, what would be an appropriate amount of time to send notification? Carlotta asked when do services stop? Wendy said June 30th. Kirsten would say mid-May at the latest. Roxane asked could we hold a public meeting where parents can come; can we give out a contact name and number - what would be the best thing for a parent to do? Carol suggested a listing of some steps of what a parent can do. Jody suggested giving 2 different contacts - a duty to inform letter, and once state makes a decision inform the parent this is the action that was decided by the state if you want to share concerns this is the step you have to take. It was suggested that these steps could be outlined by the related action group.

8. Correct Meeting Dates for 2007

- Next meeting June 26th and then all subsequent meetings will be changed to the Tuesday prior to the Wednesday since this was the consensus of the group at the November meeting.

9. Adjourn

- Meeting adjourned.

Dates from Board:

- April 19 - Autism Awareness Walk Mtg. - 6:00 - Credit Union Association
- April 19 - 10:00-4:30 NDICC Program and Services Subcommittee Mtg.
- June 11-12 - IDEA/NDICC State Meeting via Polycom
- April 14 - Great American Bike Race
- April - Autism Awareness Month
- April 13-14 - Pathfinder Conference in Minot
- April 23-24 - Genetic Conference in Fargo
- June 13-16 - Family Connections Conference
- September 29 - Bismarck-Mandan Buddy Walk
- September 28-29 - NDEAYC Conference in Minot
- October 2 - Evening with Dr. Robin McWilliam - Bismarck Public Schools